

Report of the Initial Meeting of the Montana WIC Workgroup (WW)

Tuesday, October 25 and Wednesday, October 26, 2016

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Introduction

The purposes of the meeting were to develop a shared vision and 3-5 broad areas of emphasis/strategic direction for the Montana WIC Workgroup; and provide local input on issues important to the WIC program.

The meetings were held on Tuesday, October 25, and Wednesday, October 26, 2016. The following is a report of the meeting activities.

Participants included:

Mary Beth Frideres	OurHeadsTogether, LLC
Kate Girard	DPHHS/WIC Director
Nicky Willey	WIC Director, Lincoln County
Barbara Skoyen	WIC Director, Fort Belknap
Sue Hansen	WIC Director, Beaverhead County
Darcy Hunter	WIC Coordinator, Gallatin County
Deb Fix	WIC Director, Crow
Cynthia Grubb	WIC CPA and Health Officer, Pondera County
Jeanine Lund	WIC Director, Flathead County
Gayle Espeseth	WIC Coordinator, RiverStone Health
Chris Fogelman	State WIC
Kelly Aughney	State WIC
Alex Long	State WIC
Lacy Little	State WIC
Kevin Moore	State WIC
Kate Devino (o)	WIC Director, Missoula County
Jackie Nagle (o)	WIC CPA, NW CHC (Lincoln)

(o) = observer

The meeting was facilitated by Mary Beth Frideres of OurHeadsTogether, LLC.

DAY ONE

Opening Comments

The meeting started at 8:30 a.m. Opening comments were made by Kate Girard, DPHHS WIC Director. Kate welcomed everyone and thanked them for participating. After introductions, Mary Beth reviewed the agenda with the group.

WIC History – Why have a workgroup?

Kate used a Power Point to review the history of the WIC Program, the WIC Futures Study Group (WFSG), and what led to the development of the WIC Workgroup. The WFSG was operational for 8 years and was very successful. There was a need for it to evolve into something else. With the policy and funding issues pretty well settled for now, members of the WFSG suggested that the State program tap the knowledge and experience of local WIC Directors for input on program issues. The local directors can assist the state by providing input and learn about how and why decisions are made that affect the program. The WW will collaborate with the state on quality improvement and project planning. It is composed of representatives from small, medium, and large WIC clinics, including Tribal and MAWA representation. The hope is that it will provide a forum for communication and relationship building between the state and local programs. There will be an open forum meeting in the spring for policy and funding discussions where anyone can attend.

WIC Updates

Kate used a Power Point to update the group on recent activities in the WIC program. The open positions at the State program have been filled. The state staff will be working on the WIC State Plan which will be updated using a new format. The clinic monitoring process went well and Kate is open to feedback about how to make it better. In regard to “separation of duties,” the approach varied from state to state in the past but the Feds want to standardize it to eliminate any suspicion of fraud. This will mean more work to comply with the audit. Kate talked about the data the WIC program collects on breastfeeding, BMI, and anemia. They are currently working on a calculation for “potentially eligible” and with Medicaid to identify participants who may qualify for WIC services but are not participating. Data will help everyone understand why there has been a decrease in participation on all levels (local, state, national) so that outreach can be targeted. The Feds want to “change the perception of WIC” so that it is not just about food, but to empower families. They have redesigned the WIC logo and they want everyone to adopt it. However, the Montana program recently revamped their logo and it would be costly to do again. Kate noted that even though they have developed and implemented state level outreach, they haven’t seen a lot of response from the effort. Local efforts are reviewed annually and during the monitoring visits.

The group was interested in an update about the eWIC implementation. The state has completed the planning and design phases and are currently wrapping up development. Because of delays, June will be the new start date for pilots with September set for statewide rollout. A super-user group has been formed. The state is working with retailers and collecting UPCs for the database. There will be an app called “WIC Shopper” which will be available before the roll-out so that participants can familiarize themselves to it. Apps have been popular in other states.

Members from the WW asked that a notice of the super-users calls be put in the newsletter so that others can listen. Some members offered to help gather UPC codes but this might be technically difficult. State staff said the collecting is not the problem, it is the clean-up of the data that is very time-consuming.

Development of Guiding Principles

Mary Beth oriented the group to the “sticky wall,” markers, and the strategic planning conceptual model. She reviewed the definition of “consensus” as “I can live with that and support it.”

Mary Beth led the group through a process to identify guiding principles for group action. The following is a summary of their work:

WIC Workgroup Guiding Principles

We are an optimistic, engaged, focused, collaborative team.

We listen and use clear communication in order to build trust and respect.

We use our passion, diligence, and diverse knowledge to take innovative action for quality improvement.

Analyze the Environment

In an effort to define what might impact the WW from the environment, Mary Beth led the group through an Environmental Assessment and SWOT analysis. The following is a summary of their work:

Challenges

Aging staff
Rural nature of Montana
New election
Caseload effects funding
eWIC
Staff changes
Politics
Staffing decreases
Tsunami (generational changes)
Changes in Policy and Regulations
Millennial Communication Preferences

Strengths

eWIC rollout
Health Outcomes
Public Health Accreditation
Communication System Improvement

Weaknesses

Fed Budget
Tribal Elections
Communication Systems, internet, phones
Aging staff
Gov't program stigma
Inconsistent Funding
Declining enrollment in a pay for participation system
Staff retiring
Increased cost of implementation
Integrity and Retention pay rates for program staff
Epidemic of drug use – foster care

Opportunities

Grant Funding
Millennial communication preferences
Opt out for texts
New Perspective for outreach
New staff
Unemployment rates
Child Nutrition reauthorization legislation
Staff retiring
Aging staff
Legislative support
Declining participation rates
Community Impact of WIC
Health Outcomes
eWIC
Changes in Policy and Regulations

Shared Vision

Mary Beth led the group through an exercise to develop a Shared Vision. The following is a result of their work:

Montana WIC Workgroup Our Shared Vision:

We will be a forward-thinking, innovative, collaborative network of WIC clinic representatives.
We will improve the quality and efficiency of WIC services by finding workable solutions that are responsive to the needs of clients and staff.
We will be a voice for effective program policy.
We will be known as approachable, accessible, and valuable to local and state staff.

Mission Statement

The group then developed a Mission Statement, which follows:

Montana WIC Workgroup Our Mission:

To guide WIC program improvements through collaboration between local and state agencies.

Strategic Directions

Mary Beth led the group through an exercise to determine Strategic Directions for their work. The following is a summary of that process.

Improving Overall Communication

Use MAWA to seek input
Ask local staff – what creates barriers?
Ask local staff – what works well?
Communicate what this group will do
Food list feedback from locals
Better communication
Political advocacy (partnerships with other orgs)

Developing Outreach Strategies

More outreach
Effective outreach (increase participation)
Outreach Plan based on Epi Data

Identifying and Prioritizing Projects (this was folded into Improving Program Quality)

Policy Review
Identify Priorities
Project Planning
Identify Resources: solutions – policy

Improving Program Quality

Develop Standardized work flows

Identify QI Projects

Prioritize QI Projects

QI

Develop meaningful QI measures

Strengthen Programs

Measure

Evidence base

Like (similar) intervention

Data

Evaluate Duplicate Documentation

Routine Education about charting expectations

WIC Workgroup Our Strategic Directions:

- Toward improving overall communication.
- Toward improving program quality.
- Toward developing outreach strategies.

Goals/Objectives Action Plan

The group took each Strategic Direction and added goals and objectives. The following is a summary of their work;

→ Toward improving overall communication:

Goal: Improve overall communication

Objective(s):

1. Assess communication channels
2. Identify strategies
3. Implement key strategies
4. Evaluate effectiveness

→ Toward improving program quality:

Goal: Create a culture of quality improvement

Objective(s):

1. Look at QI data and how it is disseminated
2. Identify other data that would be helpful to locals
3. Prioritize metrics to follow
4. Identify and prioritize projects

→ Toward developing outreach strategies:

Goal: Increase WIC participation

Objective(s):

1. Reach the people who aren't participating, but could
2. Increase retention

Montana WIC Workgroup

Strategic Plan 2016-2018

Our Mission:

To guide WIC program improvements through collaboration between local and state agencies.

Our Guiding Principles:

We are an optimistic, engaged, focused, collaborative team.

We listen and use clear communication in order to build trust and respect.

We use our passion, diligence, and diverse knowledge to take innovative action for quality improvement.

Our Shared Vision:

We will be a forward-thinking, innovative, collaborative network of WIC clinic representatives.

We will improve the quality and efficiency of WIC services by finding workable solutions that are responsive to the needs of clients and staff.

We will be a voice for effective program policy.

We will be known as approachable, accessible, and valuable to local and state staff.

Our Strategic Directions

→ Toward improving overall communication.

→ Toward improving program quality.

→ Toward developing outreach strategies.

Evaluation

Mary Beth asked each group member to identify one thing they liked about the meeting and one thing that could be done to improve it. As to what was liked, several members appreciated the expertise, variety/diversity, productivity, and interaction of WW participants. One person noted that “the group worked well together for being new.” Several members appreciated the process (“well-facilitated” and “kept moving”) and “that everyone had input on every activity.” One person mentioned that they liked the “engagement and passion” expressed for the WIC mission and another person said she appreciated “the positivity and passion for the program,” as well. One person appreciated the “deviation from PowerPoint.” One group member stated that they “liked that we met in person where we can interact more” and many participants agreed. One person noted that the group “followed our guiding principles.” One person liked having the option for observers. One person liked “building the sentences and then everyone sees it.” Another person liked how the room was set up so that everyone could see everyone else.

What could be changed to improve? One person would like the “to do” list to be scaled back or “narrow the goals and objectives.” Some liked that the group took several breaks as the facilitator changed the sticky wall and some did not like the breaks, preferring to “push through.” One person asked if there could be a bigger group. Several people wanted the ice water to be replenished in the afternoon and some would have liked more hot water and diet Coke in the afternoon, as well. One person wished she would have had a laser pointer to help the facilitator find the right word cards on the sticky wall. One person would like a “standing area” and one person would have liked different chairs.

DAY TWO

Opening Comments

Kate gave the opening welcome and thanked all participants for the work they did yesterday on the Strategic Plan. Mary Beth reviewed the agenda.

Food List Project

Kate gave a Power Point presentation on the Food List – updates, rules and regulations, the upcoming new Food Rule, and the results of a survey of local WIC clinics. State WIC must follow federal rules and regulations but have some flexibility within them. The links to the WIC food packages regulatory requirements and the Food Rule is included in the PowerPoint and is helpful in understanding the reasoning behind changes. Kate gave several examples: peanut butter spread is not allowed but peanut butter is; clients cannot buy applesauce with cinnamon. The survey of locals revealed that 84% want to add canned vegetables, 78% want to add canned fruit; 89% want to add frozen fruit; over 50% want more juice choices; and 40% want to add Tofu. Kate and the group discussed many particulars of the food package. Here is the feedback offered by the WW:

- Oats on the backburner for now but many still want oats in the package
- Cereal – liked that Crispix and Nutty Nugget (corn/rice combos) will be added
- Liked that “any brand 100% juice and 100% Vitamin C” will be added
- Liked additional sizes for whole grains
- Liked “canned and frozen fruits and vegetables” added
- Suggested “no syrup” be added to the handout and layout should be changed to make clear what is allowed/disallowed under fruits and vegetables
- Like the options for beans – large sizes and can chose at the store
- Agreed with removing restrictions from eggs

- OK with removing “honey roasted” peanut butter
- Liked additional brand for yogurt

- Want infant CVB separated from regular in layout
- People want string cheese
- Retailers and consumers like the one page list, not the booklet

Other comments: One member told the group that she has heard moms say, “Well, my kids won’t eat it so why should I come back?” The member suggested that is why it is good to add things like applesauce. One member asked if there will be someone in the stores to help participants. The state staff replied that will not be possible. Checkers will go through training a month before rollout. The pilots will provide opportunity to identify problems to be corrected before rollout. The new food list is not for the pilots; it will be used at the EBT rollout.

Layout of Food Package Discussion

Kate continued the discussion of the food package sheets and brochures. She distributed several brochures from other states for the participants to review. Here is the feedback from the WW:

- Liked the Minnesota and Nebraska brochures as a teaching tools – how to estimate cost, how to shop, defines legumes, etc.
- Like the midsize brochure (Nebraska) – more sturdy (the small ones fall apart and/or get lost)
- Like the cheat sheet for fruits and vegetable volume, baby food, CVB calculations, cereal sizes
- Like the pictures of boxes, cans, etc. (visual, more info)
- Like brand first
- Like tabs at the bottom or side
- Like the portrait format instead of landscape
- Like the 2010 MT brochure size
- Like that there are references to online training
- Would like to see draft
- Like the “Frequently Asked Questions”
- Like “My plate”
- Liked fresh food conversion chart
- Liked “Rights and Responsibilities”
- Checkers probably like the one page handout (retailers say, if it is not on the list, they don’t get it.)
- Like allowed section in green, not allowed section in red

Kate told the group that it takes a few months to put together and get it back from review. The final design must be completed by April. The printing is paid for by special grants. Kate said the app can show a shopping list (food package) or the printed receipt can be a shopping list. Participants can also go online and print out a shopping list. The state staff is trying to figure out how to do this and if SPIRT can help with a shopping list.

Conference Discussion

Kate offered the clinics the option of forgoing a spring conference and using their training budget to send staff to training of choice. Additional money could be reallocated as the State would save money from not hosting a conference. The group liked the idea. Kate talked about the program’s recorded webinars that can be used for CEUs for CPAs, RDs, aides, and Breast Feeding. They have one on prescriptions and are developing a second one on WIC Shopper and WIC Smart. One member of the group recommended additional webinars focused on the clinic process. Kate stated that this is the original intent of the webinars, but there were a few specific topics that needed to be covered first related to State Plan changes. There will be webinars on topics such as risk codes, SOAP notes, and nutrition plans. Others suggested counseling and setting SMART goals. Kate also told the group the state program will be launching an online interactive calendar.

Agenda for Next Meeting

Kate told the group, after hearing feedback on in person meetings yesterday, that it is ok with her if the group wants all in-person meetings such as four per year for two years. The group liked that approach and felt it would help the group to stabilize and work together. Kate will poll the group for a meeting date in January. The group would like to start at 10 a.m. and go until 5 p.m. on the first day and then meet from 8:30 a.m. until 1 p.m. on the second day to facilitate travel. Here are proposed agenda items:

Agenda for January Meeting of the WW”

Communication Assessment

Outreach – pull data to look at what the epidemiologist identifies as “potentially eligible”

Template (mock up) of Food List

Evaluation

The group performed a short evaluation of the day. They were asked what they liked about the meeting and what could be changed to improve. One person noted that they liked having the opportunity to go through the food list and see what other states are doing for what’s possible. Another liked that there were examples/samples available. Several people liked that they could voice their opinion and felt comfortable doing it. One person appreciated that MAWA and the state worked together to create the group. Several enjoyed listening to everyone’s feedback. One person liked that the template of the WIC Futures Study Group was copied for this group, i.e., having a facilitator. One person liked that this group had formed for WIC improvement. One person “appreciated the diversity and commonality” of the group. Several participants liked that they provided feedback to the state. Appreciation was expressed for group of experts who were engaged and open-minded. One found the group work visionary and valuable. And one person liked the lunch.

As to what could be changed to make the meeting better, one person recommended beverages be served before spicy food. Another told the group not to “be afraid to try something old again.” One person did not like the lack of attention from the hotel staff and will consider changing the meeting location in the future. One person would have liked the group to “come to some decision on what to implement.” Another told the group that “the next step will be important – how it is structured – need to have time to get responses from locals.” They said a webpage will be set up for this group so that issues can be brought forward. One person would like to “hone in on a mission for each topic and stick to it.” Another would like for everyone to have a say – watch for cues – maybe go around the room and ask for each to say their piece. One person wondered how the state will make decisions on the feedback received. And one person would have liked name tents in front of the participants.